

ARIZONA STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTHState File No. 200
Registered No. 692

1. PLACE OF BIRTH

County Gila

District or Township

City Miami

(If birth occurred in a hospital or institution, give its NAME instead of street and number) Ward

2. Full name of child Jose Flores

If child is not yet named, make supplemental report, as directed.

3. Sex of Child BoyTo be answered ONLY
in event of plural
births.

4. Twin, triplet or other

5. No., in order of birth

6. Legitimate? Yes

7. Date

of birth Dec 30, 1930
Month Day Year

8. FATHER

Full name Juan Flores

9. Residence

(Usual place of abode) Miami

If non-resident, give place and state.

10. Color or race Mex11. Age at last birthday 26 (Years)

12. Birthplace (city or place)

(State or country) Chihuahua Mex13. Occupation Miner

Nature of Industry

14. MOTHER

Full maiden name Tomasa Arila

15. Residence

(Usual place of abode) Miami

If non-resident, give place and state.

16. Color or race Mex17. Age at last birthday 24 (Years)

18. Birthplace (city or place)

(State or country) Chihuahua Mex19. Occupation house wife

Nature of Industry

20. Number of children of this mother 4(Taken as of time of birth of child herein
certified and including this child.)(a) Born alive and now living 4

(b) Born alive but now dead

(c) Stillborn

21. Were precautions taken against oph-
thalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive

(Born alive or stillborn)

on the date above stated.

*When there was no attending physician
or midwife, then the father, householder,
etc., should make this return. A stillborn
child is one that neither breathes nor
shows other evidence of life after birth.Signature L. M. Castilla

(Physician or midwife.)

Given name added from
a supplement report

Month, day, year

Address 1583 BoxFiled Jan 5, 3119. 31C. E. Jim

Registrar.

Registrar.

162-1230-311